

## Form 2 Evaluation Plan and Report - Developmental Delay

Student Name: \_\_\_\_\_ File Review Number: \_\_\_\_\_

Supervisory Union: \_\_\_\_\_

School/Placement: \_\_\_\_\_ Child Count #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case Manager: \_\_\_\_\_

Grade Level: \_\_\_\_ Gender: \_\_\_\_ Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewer's Initials: \_\_\_\_\_

General File Information:	Yes	No	N/A
Access Log included?	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Surrogate appointed and letter in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Due Process, Mediation, Administrative Complaints on file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does eligibility decision match Child Count data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check one:** ☐ Date of Evaluation Plan (for record reviews)  
☐ Date of Parental Consent (for new testing situations)  
☐ Date Consent was received in District (if filled in) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Report: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Completion of the Final Report exceeded 60 days: Yes ☐ No ☐ # of days \_\_\_\_\_

Appropriate Notice of Delay (exceptional circumstance) documented: Yes ☐ No ☐ N/A ☐

**Check each box** for the individuals who were involved in the development of the Evaluation Plan:

- ☐ Parent
 ☐ Student
 ☐ LEA Representative  
☐ Special Educator
 ☐ Classroom Educator
 ☐ Person to interpret educational implications

**Check each box** for the individuals who initialed their agreement with the Evaluation Report.

- ☐ Parent
 ☐ Student
 ☐ LEA Representative  
☐ Special Educator
 ☐ Classroom Educator
 ☐ Person to interpret educational implications

### Disability Determination:

	Yes	No
Questions were appropriate to determine disability	<input type="checkbox"/>	<input type="checkbox"/>
Answers included documentation that:		
The child/student demonstrated an observable and measured 40% delay in one or more fundamental skills	<input type="checkbox"/>	<input type="checkbox"/>
Determined the delay using at least two assessment procedures at least one being a norm-referenced assessment	<input type="checkbox"/>	<input type="checkbox"/>
A medical condition, documented by a physician, that may result in significant delays by the child's sixth birthday	<input type="checkbox"/>	<input type="checkbox"/>
The child/student was on an Individual Family Service Plan prior to their third birthday.	<input type="checkbox"/>	<input type="checkbox"/>
Team conclusion section was completed.	<input type="checkbox"/>	<input type="checkbox"/>

**Other Disability Area(s) Suspected:**

- ☐ Autism    ☐ Deaf-Blind    ☐ Deaf / Hard of Hearing    ☐ Developmental Delay  
☐ Emotional Disturbance    ☐ Learning Impaired    ☐ Orthopedic Impairment  
☐ Other Health Impairment    ☐ Specific Learning Disability    ☐ Speech/Language Impairment  
☐ Traumatic Brain Injury    ☐ Visual Impairment

**Assessment Areas Evaluated:**

**Appropriate  
Personnel Identified:**

	Yes	No	N/A	Yes	No
<b>Cognitive:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social/Emotional/Behavior:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adaptive Behavior Assessment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Achievement/Educational Testing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech/Language/Communication:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Motor Skills:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Evaluations:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Functional Behavioral Assessment:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Assessment Area(s):</b>					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

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## Form 2 Evaluation Plan and Report - Need for Special Education

	Yes	No
Questions were appropriate to determine the need for special education?	<input type="checkbox"/>	<input type="checkbox"/>
Did the team document a need for special education that included that the student required specially-designed instruction which could not be provided within the school standard instructional conditions, as created by the school's comprehensive educational support systems?	<input type="checkbox"/>	<input type="checkbox"/>
Team conclusion section was completed.	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

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## Decision of the Evaluation and Planning Team

	Yes	No	N/A
The final page of Form 2 of the Evaluation Report was completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability category was listed accurately based on team decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If ineligible, reasons were listed and other recommendations and accommodations were made by the EPT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional File Information

Does the file show evidence that re-evaluations were conducted within a three year span, starting with the initial Individual Family Service Plan evaluation?

____/____/____	____/____/____	____/____/____	Yes	No	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Form 7 Notice of Local Educational Agency Decision

If the school has decided not to implement a request, or agree with the decision of the Evaluation and Planning Team, there was documented evidence of written notification to the parent?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the notice include the effective date of the decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Form 8 Transition from Family Infant Toddler Project to Essential Early Education

	Yes	No	N/A
The file contained documentation that a letter on transition was sent to the parents and school six months prior to the child's third birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The file contained documentation that the school participated in a transition meeting for the child that was held at least 90 days prior to the child's third birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child transitioned from the Family Infant Toddler Program, there is documentation that Form 8 was signed by the parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the date it was received in the District filled in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an IEP developed at age three for this student transferring from the Family Infant Toddler Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of initial placement in Part C.	____/____/____		
Date of initial placement in Part B.	____/____/____		

Notes: \_\_\_\_\_

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